

POLICY BRIEF

Evidence on Abortion Incidence, Safety and Legality in Sub-Saharan Africa

MARCH 2022

KEY MESSAGES

- An estimated eight million abortions occur each year in Sub-Saharan Africa (SSA), a rate of 33 per 1,000 women of reproductive age.
- The subcontinent has the highest abortion case-fatality rate of any region in the world. In 2019, deaths related to unsafe abortion accounted for 7% of maternal mortality.
- Because the region has the highest overall pregnancy rate, it also has the highest unintended pregnancy rate, at 91 per 1,000 women, despite having the lowest proportion of pregnancies that are unintended.
- More than one in three of these unintended pregnancies end in abortion.
- Whereas 45% of the world's abortions from 2010 to 2014 were estimated to be unsafe, 77% of abortions in SSA were unsafe. SSA's high prevalence of unsafe abortion is largely due to restrictive abortion laws.
- Almost all countries in the region have signed onto the Maputo Protocol, which calls for the liberalization of abortion laws under certain conditions, but since then its adoption, in 2003, only eight countries have reformed their laws to meet these minimum standards.
- Scaling up provision of contraceptives and expanding access to safe abortion care and postabortion care services can save lives.

Context

An estimated eight million abortions occurred each year in Sub-Saharan Africa (SSA), from 2015 to 2019 for a rate of 33 per 1,000 women aged 15-49. Sexually active adolescent women have abortions at far higher rates than all women of reproductive age.

Women in SSA are the most likely to die from abortion: The region has the highest annual abortion-related case-fatality rate of any world region, at roughly 185 deaths per 100,000 abortions, translating to nearly 15,000 preventable and untimely maternal deaths each year. The continuing prevalence of unsafe abortion in SSA is one of the major contributors to poor reproductive health in the region. Deaths related to unsafe abortion account for 7% of the maternal mortality in the region.

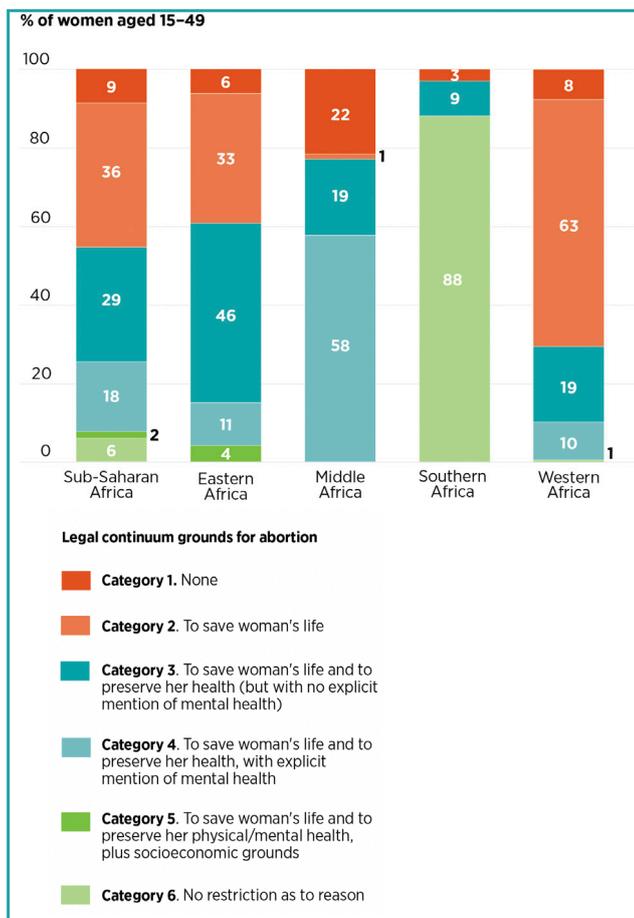
The Maputo Protocol, which nearly all SSA countries are signatories to, is the main legal instrument in the region for protecting women's rights. The protocol authorizes abortion, under certain conditions to protect women's right to health. It stipulates, in Article 14(2)c, that to protect women's health and reproductive rights, safe abortion should be authorized when continuing the pregnancy endangers the woman's life; when her physical or mental health is threatened; when the pregnancy results from sexual assault, rape or incest; and when the fetus has a grave anomaly.

However, as of 2020, only eight of the 39 SSA countries that have ratified the protocol have reformed their laws since the protocol's adoption by the African Union in 2003 to meet (and in one case exceed) these minimum criteria. Nine countries have yet to ratify the protocol.

Abortion safety and legality

The safety of abortion depends in part on the extent to which it is legal. Of the 255 million women of reproductive age in SSA, 92% live in countries where abortion is highly or moderately restricted. Where abortion is legally restricted, it is the less privileged rural women who are much less likely to know about and be able to afford clandestine services that are relatively safe. Instead, poor rural women resort to going to unskilled providers or undergo a self-induced abortion, often using unsafe methods.

92% of women of reproductive age in Sub-Saharan Africa live where abortion is highly or moderately restricted (categories 1 through 4).



Of all world regions, SSA has the highest estimated proportion of abortions classified as least safe. Such abortions pose a major risk to the health and survival of women of all ages in the region.

Abortions are classified as safe if they meet two general criteria: induced 1) with a method recommended by the World Health Organization (WHO) at the recommended gestation and 2) by an appropriately trained individual. Less-safe abortions are those that meet only one of these criteria, and least-safe abortions are those that meet neither. Unsafe abortions comprise those that are less safe and least safe.

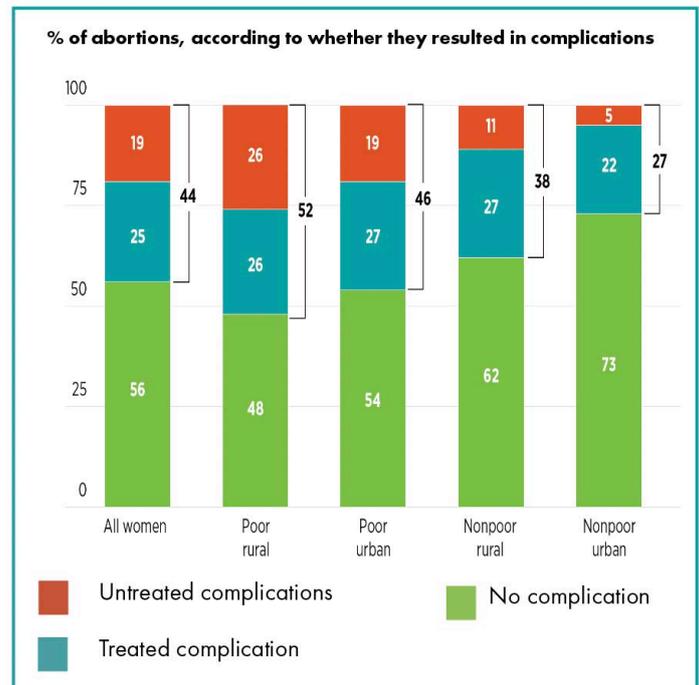
Although the safety of abortion is closely related to its legal status, incidence is not related to legality. In fact, abortion rates are similar in countries where abortion is restricted and where it is broadly legal. But the prevalence of the least-safe abortions increases dramatically with legal restrictiveness: worldwide, fewer than 1% of abortions are classified as least safe in countries with the least-restrictive laws, compared with 31% of those in countries with the most-restrictive laws.

Consequences of unsafe abortion

Abortions that conform to recommended clinical standards rarely result in incomplete abortion, which is the most common reason for postabortion care in SSA. Women experiencing incomplete abortion risk developing severe, and even life-threatening medical complications.

In 10 countries with data, some 43% of women who need postabortion treatment do not get it; women who are poor and live in rural areas are the most likely to have complications that go untreated. It is estimated that half of poor rural women do not receive needed postabortion care.

Poor women in rural areas risk the most by having an unsafe abortion; over half of their abortions result in complications needing treatment, half of which are not treated.



Implications and key policy options

Although most SSA countries have increased the availability of sexual and reproductive health services, including making great strides in addressing unsafe abortion, many women and girls still lack access to these essential services. Adopting the following policy options would enable governments in SSA to improve the current situation by preventing unintended pregnancies and the avoidable maternal deaths and other harms resulting from unsafe abortion:

- Improve access and affordability of modern contraceptives by providing women with a range of effective methods that align with their reproductive health needs.
- Provide comprehensive sexuality education in and out of schools to prevent unintended pregnancies and decrease the high rates of abortion among adolescents who are sexually active.
- Expand the legal grounds for abortion; lift the most pronounced barriers to legal services; and ratify and fully comply with the Maputo Protocol to make abortion services available, safer and more accessible.
- Expand access to safe abortion care and services by:
 - i. Increasing the numbers of mid-level professionals offering safe abortion care according to WHO recommendations for expanding access.
 - ii. Training all health care professionals who provide abortion in WHO-recommended techniques.
 - iii. Improving the availability of medication abortion – a combination regimen of mifepristone[†] and misoprostol[‡] (or misoprostol alone when the combination regimen is not available).
- Improve the quality, affordability and reach of postabortion care services by:

- i. Providing postabortion care that follows the updated WHO guidelines on managing incomplete abortion and other medical complications of unsafe abortion.
- ii. Training and authorizing nurses and midwives, who are often based at primary care facilities accessible to rural women, to provide quality postabortion care.
- iii. Ensuring consistent availability of misoprostol or vacuum aspiration to treat incomplete abortion and stop current reliance on dilation and curettage procedures.
- iv. Adopting youth-friendly, destigmatized postabortion services to ensure that sexually active adolescents who experience high abortion rates can access care.

Conclusion

Nearly all the harm caused by unsafe abortion is preventable. Eliminating unsafe abortion starts by expanding the availability and use of contraceptives to prevent the unintended pregnancies that result in the vast majority of abortions. Countries in SSA must act to expand access to safe abortion by fully adopting the legal criteria in the Maputo Protocol; they must also act to limit the harm caused by unsafe abortion by expanding postabortion care services that follow up-to-date WHO guidelines.

More can and should be done to move the region toward meeting its international and regional commitments to fully protect and enhance women's reproductive health. If Sub-Saharan governments don't act to prevent these avoidable deaths from unsafe abortion, they will be hard pressed to meet the United Nations Sustainable Development Goal target (Goal 3) of reducing the maternal mortality ratio to fewer than 70 maternal deaths per 100,000 live births by 2030.

[†] A synthetic steroid indicated for the termination of intrauterine pregnancy by blocking the hormone progesterone that is needed for a pregnancy to continue.

[‡] A synthetic prostaglandin E1 analogue that is used off-label for a variety of indications in the practice of obstetrics and gynecology, including medication abortion and management of miscarriage using medication.

Source

This policy brief synthesizes evidence and recommendations from Bankole A et al., *From Unsafe to Safe Abortion in Sub-Saharan Africa: Slow but Steady Progress*, New York: Guttmacher Institute, 2020, <https://www.guttmacher.org/report/from-unsafe-to-safe-abortion-in-sub-Saharan-africa>